SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 477 OF 483 (check only one) 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Zinke for Congress		
Full Name (Last, First, Middle Initial) Mrs Marjorie E Powell Mailing Address 265 S Washington St City State Constantine MI Purpose of Disbursement Refund: Refund Excess Contribution Candidate Name Office Sought: House Primary President Primary Other (s	Meneral Meneral	Date of Disbursement M M M / 24 2014 Amount of Each Disbursement this Period 50.00 Transaction ID: BF11B127F9BC4462483B
State: District: Full Name (Last, First, Middle Initial) Mr Carroll A Smith Mailing Address 2114 Bradley Pond Rd		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Ellenburg Center NY Purpose of Disbursement Refund: Refund Excess Contribution Candidate Name Office Sought: House Senate Primary President Other (s	General	Amount of Each Disbursement this Period 788.00 Transaction ID : BCAC5B07955B54D1BB7B
Full Name (Last, First, Middle Initial) De Ette Ette Barner Mailing Address 718 La Portada St		Date of Disbursement M M / D D / Y Y Y Y Y Y Y 11 11 24 2014
-	General	Amount of Each Disbursement this Period 1250.00 Transaction ID: B8E78FC8EC165418A98D
SUBTOTAL of Disbursements This Page (optional)		2088.00

TOTAL This Period (last page this line number only).....